

Supplement to
Attachment 3.1-A
Page 27e

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACTState of Michigan**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND
SERVICES PROVIDED TO THE CATEGORICALLY AND MEDICALLY NEEDY**

07/01/94

3. **Physical Therapy:** this service is prescribed by a physician and provided to a recipient by or under the direction of a qualified physical therapist as defined in 42 CFR 440.110(a). This service means evaluations to determine an individual's need for physical therapy; assistive technology devices and services; and therapies which are rehabilitative, active, or restorative, and designed to correct or compensate for a medical problem.

4. **Nursing:** this service is performed by a Registered Nurse and means services that are within the scope of professional practice of a Registered Nurse and includes but is not limited to screening and referral for health needs; and explanations of treatments, therapies, and physical or mental conditions with family or other professional staff.

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5. **Psychological, Counseling and Social Work:** these services mean diagnostic or active treatments with the intent to reasonably improve the individual's mental condition. These services are performed by or under the direction of a licensed or equivalent psychological, counseling and social work staff acting within their scope of practice. These services include but are not limited to testing and evaluation that apprise cognitive, emotional and social functioning and self concept; therapy and treatment that is planning, managing, and providing a program of psychological services to individuals with diagnosed psychological problems; and unscheduled activities for the purpose of resolving an immediate crisis situation.

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Supplement to
Attachment 3.1-A
Page 27f

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6. **Developmental Testing:** this service means testing performed to determine if motor, speech, language and psychological problems exist or to detect the presence of any developmental lags. These services are performed by or under the direction of a licensed physician or psychiatrist; or other licensed or equivalent psychological counseling and social work staff acting within their scope of practice.

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7. **IDEA Assessment:** this service means assessments of the health and medical status of individuals that are evaluations, tests and related activities performed to determine if an individual is eligible under provisions of the Individuals with Disabilities Education Act (IDEA) of 1990. These services occur regularly in the determination of eligibility under IDEA and are related to the evaluation of the functioning of the individual. These services are reimbursable only after they result in the implementation of an IEP (Individualized Education Program) or IFSP (Individualized Family Services Plan). These services are performed by or under the direction of a licensed physician or psychiatrist; licensed or equivalent psychological, counseling and social work staff, or other individuals certified and approved by the State Board of education as teacher consultants for handicapped persons.

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8. **Vision:** this service means communication skills training, orientation and mobility training for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities performed by or under the direction of orientation and mobility specialists

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C. Frequency, Duration and Scope

Special rehabilitation services are provided to assist eligible individuals in the identification of their illnesses or disabilities on their capacity to function, as medically necessary subject to the limitations of the state plan.

Quality assurance for special rehabilitation services is ensured through a program of ongoing certification of providers which includes the following elements:

1. Monitoring of providers staff qualifications and validating providers listing of staff providing special rehabilitation services;
2. Performance of site survey(s) to determine ability and readiness of an applicant agency to be a qualified provider;
3. Monitoring of providers to ensure that special rehabilitation services are appropriate, effective and delivered in a cost effective manner consistent with the reduction of physical or mental disabilities; and
4. Policies and procedures to address provider noncompliance with applicable federal and state laws and regulations and policies of the Michigan Medical Assistance Program.

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**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE
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10) INTENSIVE/CRISIS STABILIZATION SERVICES

Intensive/crisis stabilization services are structured treatment and support activities, provided by a mental health crisis team, and designed to provide a short-term alternative to inpatient psychiatric services. Services may only be used to avert a psychiatric admission, or to shorten the length of an inpatient stay.

These services are for persons who have been assessed to meet criteria for psychiatric hospital admissions, but who, with intense interventions can be stabilized and served in their usual community environments. These services may also be provided to persons leaving inpatient psychiatric services if such services will result in a shortened inpatient stay.

Medicaid covered intensive/crisis stabilization services include: psychiatric supervision, therapeutic support services, intensive individual counseling/psychotherapy, assessments, and family therapy. Services will be provided by qualified mental health staff, under psychiatric supervision, and according to an individual plan of service.

Intensive/crisis stabilization services may not exceed four weeks in duration, per crisis episode.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Michigan

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- 14a. **INPATIENT HOSPITAL SERVICES FOR INDIVIDUALS 65 YEARS OF AGE OR
OVER IN AN INSTITUTION FOR MENTAL DISEASES** (Same for categorically needy
and medically needy clients)

Medical Assistance will be provided on behalf of patients who are 65 years of age or older in certified public or private institutions for mental diseases. Public institutions must comply with the standards required by the Department of Mental Health for public mental institutions and must be certified by the Department of Public Health as meeting the standards for psychiatric hospitals under Title XVIII. Private institutions must be licensed by the Department of Mental Health and must be certified by the Department of Public Health as meeting the standards for psychiatric hospitals under Title XVIII.

Included are those items and services which are ordinarily furnished by the institution under the direction of a psychiatrist to inpatients or patients on a day care or night care program.

The period of covered services is the minimum period necessary in these types of facilities for the proper care and treatment of the individual. Periodic recertification of the need for care by the attending physician is required.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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- 14b. **NURSING FACILITY SERVICES FOR INDIVIDUALS 65 YEARS OF AGE OR OLDER
IN INSTITUTIONS FOR MENTAL DISEASES** (Same for categorically needy and
medically needy clients)

The following services are covered when furnished by a facility licensed by the Department of Public Health as a nursing facility for care of mentally ill patients. The facility must be certified as a nursing facility and have an agreement with the Michigan Department of Social Services to provide skilled nursing facility services. It must also meet other requirements as established under agreement with the Michigan Department of Mental Health and approved by the Department of Social Services.

The following services are included when furnished by (or, in the case of physical therapy, through a subcontract to) a facility meeting the standards of a nursing facility:

- a. bed and board, including special dietary services, in a semiprivate room, or if medically necessary, in a private room.
- b. nursing care, other medical services related to nursing care, and use of equipment which is owned by the facility and is ordinarily provided in the care and treatment of the patient.
- c) Routine physical therapy, occupational therapy, and speech pathology consisting of repetitive services required to maintain function. The instructions for development of the therapy and treatment are included in the per diem rate. Such therapy does not require the therapist to perform the service, nor does it require complex and sophisticated procedures.

The period of covered nursing facility services is the minimum period necessary in this type of facility for the proper care and treatment of the patient. There is no requirement for prior hospitalization; however, admission to a nursing facility must be upon the written direction of a physician or a certified Christian Science practitioner who must periodically recertify the need for care. Admission also must be prior authorized by the Michigan Department of Mental Health and the Michigan Department of Social Services.

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- 14c. **INTERMEDIATE NURSING FACILITY SERVICES FOR INDIVIDUALS 65 YEARS OF AGE OR OLDER IN INSTITUTIONS FOR MENTAL DISEASES** (Same for categorically needy and medically needy clients)

An intermediate care facility for the mentally ill is an institution licensed and/or certified by the appropriate State authority to provide, on a regular basis, health-related care and services to individuals who do not require the degree of care and treatment which a hospital or nursing facility is designed to provide, but who because of their mental and physical condition require care and services above the level of room and board that can be made available only in institutional facilities.

Intermediate care services for the mentally ill are provided based on the level of care appropriate to the patient's mental and medical needs. Admission to an intermediate care facility for the mentally ill must be upon the written direction of a physician, who must periodically recertify need for care. Admission must also be prior authorized by the Michigan Department of Mental Health and the Michigan Department of Social Services. The period of covered services is the minimum period necessary for the proper care and treatment of the patient.

Services regularly provided in this setting are in compliance with the provisions of 42 CFR Part 442, Subparts A, B, C, E, and F, and include health-related, psychiatric-oriented, and programmatic care, supervised personal care, as well as room and board.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Michigan

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AND
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15. INTERMEDIATE CARE FACILITY SERVICES (Same for categorically needy and medically needy clients).

An intermediate care facility is an institution licensed and/or certified by the appropriate State authority to provide, on a regular basis, health-related care and services to individuals who do not require the degree of care and treatment which a hospital or skilled nursing facility is designed to provide, but who because of the mental or physical condition require care and services above the level of room and board that can be made available only in institutional facilities.

- a. Intermediate care services are provided based on the level of care appropriate to the patient's medical needs. Admission to an intermediate care facility must be upon the written direction of a physician, who must periodically recertify need for care. Admissions must also be prior authorized by the Michigan Department of Community Health or its designee. The period of covered services is the minimum period necessary for the proper care and treatment of the patient.
- b. Medical Assistance will be provided for individuals who are mentally retarded (or for persons with related conditions) in the following settings:
 1. properly certified and/or licensed public or private institutions (or distinct part thereof) for the mentally retarded (16 beds or more),
 2. properly certified and/or licensed public or private facilities for the mentally retarded (15 beds or less).

Services regularly provided in these settings are in compliance with the provisions of 42 CFR 440.150 and Part 442 Subparts F & G, and include health-related and programmatic care, supervised personal care, as well as room and board.

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State of Michigan

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE
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16. **INPATIENT PSYCHIATRIC HOSPITAL SERVICES FOR INDIVIDUALS UNDER 22**
(Same for categorically needy and medically needy clients)

Medical Assistance will be provided on behalf of patients who are 21 years of age or younger in certified public or private institutions for mental diseases. Public institutions must comply with the standards required by the Department of Mental Health for public mental institutions and must be certified by the Department of Public Health as meeting the standards for psychiatric hospitals under Title XVIII. Private institutions must be licensed by the Department of Mental Health and must be certified by the Department of Public Health as meeting the standards for psychiatric hospitals under Title XVIII.

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In addition to the foregoing, the facility must meet the requirements of §1905(h) of the Social Security Act (added by §299B of P.L. 92-603), which requires accreditation by the Joint Commission on Accreditation of Hospitals.

Services in institutions for mental diseases are covered only if the recipient is receiving active treatment for a mental health condition amenable to favorable modification, according to generally accepted professional standards. In addition, services provided must meet the standards prescribed under Title XVIII.

The period of covered services is the minimum period necessary in these types of facilities for the proper care and treatment of the individual. Periodic recertification of the need for care by the attending physician is required.

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